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Rih Data Sheet

**CONFIRMATION NO. 9286** 

| DID Data Sheet                                                                                               |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                           |                     |                    |                     |                                    |                             |  |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------|---------------------|--------------------|---------------------|------------------------------------|-----------------------------|--|
| <b>SERIAL NUMBER</b> 10/601,237                                                                              |                                                          | FILING OR 371(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ATE C                                                                      |                           | GROUP ART U<br>2443 |                    | UNIT                | ATTORNEY DOCKET<br>NO.<br>ALA-008F |                             |  |
| APPLICANTS                                                                                                   | •                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                           |                     |                    |                     |                                    |                             |  |
| Stephen E. J<br>Peter K. Cra<br>David A. Hig                                                                 | J. Blig<br>ft, Sa<br>gen,<br>brick,                      | ther, Saratoga, CA;<br>htman, San Jose, CA;<br>n Francisco, CA;<br>Saratoga, CA;<br>San Jose, CA;<br>pitas, CA;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                           |                     |                    |                     |                                    |                             |  |
| ** CONTINUING DATA **********************************                                                        |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                           |                     |                    |                     |                                    |                             |  |
| and is a CIP<br>and is a CIP<br>and is a COI<br>which claims<br>and is a CIP<br>and is a CIP<br>which claims | of 0<br>of 0<br>N of 0<br>s ben<br>of 0<br>of 0<br>s ben | s a CON of 10/005,536 10/514,425 02/28/2000 Px/0/514,425 02/28/2000 Px/0/464,283 12/15/1999 Px/09/384,792 08/27/1999 Px/0/67,544 04/27/1998 Px/0/141,713 08/28/1998 Px/0/667,544 04/27/1998 Px/0/667,544 04/27/1998 Px/0/141,713 08/28/1998 Px/0/141,713 08/28/1999 Px/0/141,71199 Px/0/141,713 08/28/1999 Px/0/141,71199 Px/0/141,71199 Px/0/141,7199 Px/0/141,71199 Px/0/141,71199 Px/0/141,7119 Px/0/141,71199 Px/0/141,719 | AT 64271<br>AT 64271<br>PAT 6434<br>/1998<br>AT 62266<br>AT 63894<br>/1997 | 71<br>73<br>620<br>80     | 6                   |                    |                     |                                    |                             |  |
| ** FOREIGN APPLICATIONS *************                                                                        |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                           |                     |                    |                     |                                    |                             |  |
| IF REQUIRED, FO<br>11/05/2003                                                                                | REIG                                                     | N FILING LICENSE GF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RANTED '                                                                   | *                         |                     |                    |                     |                                    |                             |  |
| Foreign Priority claimed  35 USC 119 (a-d) conditions met  Verified and Acknowledged  Exa                    |                                                          | yes no yes no Met afte Allowance miner's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | er<br>itials                                                               | STATE OR<br>COUNTRY<br>CA |                     |                    | CLA                 | TAL<br>AIMS<br>32                  | INDEPENDENT<br>CLAIMS<br>10 |  |
| ADDRESS                                                                                                      |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                           |                     |                    |                     |                                    |                             |  |
| 24501                                                                                                        | -                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                           | -                   |                    |                     |                                    |                             |  |
| TITLE                                                                                                        | ,                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                           |                     |                    |                     |                                    |                             |  |
| INTELLIGENT NET                                                                                              | rwo                                                      | RK INTERFACE DEVIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | E AND S                                                                    | STEM FOR A                | CCELE               | RATED (            | сомми               | JNICATI                            | ON                          |  |
|                                                                                                              | -                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                           |                     | All Fees           |                     |                                    |                             |  |
|                                                                                                              |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                           |                     |                    |                     |                                    |                             |  |
|                                                                                                              |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | n Paper<br>FPOSIT ACCOUNT |                     | 1.16 Fees (Filing) |                     |                                    |                             |  |
| FILING FEE<br>RECEIVED                                                                                       | EES                                                      | : Authority has been giv<br>to charge/cre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ 1.17 Fees ( Processing Ext. of time )                                    |                           |                     |                    |                     |                                    |                             |  |
| 2094                                                                                                         | Vo                                                       | for following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | un DE, 0                                                                   |                           |                     |                    | 1.18 Fees ( Issue ) |                                    |                             |  |
|                                                                                                              |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                           |                     | Other              |                     |                                    |                             |  |
|                                                                                                              |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                           |                     | ☐ Credit           |                     |                                    |                             |  |
| 1                                                                                                            |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                           |                     |                    |                     |                                    |                             |  |